

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000090869

Entity Name: 6939 NOB, LLC

**FILED**  
**May 31, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

1419 OAK FOREST DRIVE  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

1419 OAK FOREST DRIVE  
ORMOND BEACH, FL 32174

**New Mailing Address:**

FEI Number: 26-6154379      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GORNT0, L.A. JR.  
149 S. RIDGEWOOD AVENUE, SUITE 550  
DAYTONA BEACH, FL 32114      US

**Name and Address of New Registered Agent:**

DI NICOLO, LISA G  
1419 OAK FOREST DR  
ORMOND BEACH, FL 32174      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LISA G. DI NICOLO

05/31/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: DINICOLO, LISA G  
Address: 1419 OAK FOREST DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LISA G. DI NICOLO

MGR

05/31/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date